



ALPINE

HIGH SCHOOL 2019-2020 RACING CAMP PROGRAM

.....
A 4-day Alpine Race Camp staffed by college-level Racers and Mount Sunapee program coaches
\$195.00 price includes: lift ticket, coaching, video analysis, and race runs.

Register for USSA general membership - \$30.00 - my.ussa.org/membership/start

December 26-29; 9am - 2:30pm Daily

January 4, 11, 18, 25; 9am - 2:30pm

Each day, the group will meet at the Sunapee Alpine Programs gray race building beside the North Peak lift at 9am on Thursday, December 26th.

Lift tickets will be given out at that time.

For More Information:

Call Jill Firstbrook, Alpine Programs Director

603-763-3500 ext. 3548 or email jsfirstbrook@vailresorts.com or

bmvonberen@vailresorts.com

An email confirmation of registration and payment will be sent.



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**Mount Sunapee Alpine Programs
High School Camp Sign Up**

Athlete's Name: _____ Age: _____ Numbers of Years Raced: _____

Address: _____ City: _____ State: _____

Home Phone: _____

In Case of Emergency:

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

High School Name: _____ Coach Name: _____

Phone: _____

Medical Insurance Company: _____ Person Insured: _____

Policy #: _____

Insurance Company Phone Number: _____

Program: December 26-29 or January 4, 11, 18, 25 or Both

Athlete has a Season Pass? Yes No

Payment Information

Check #: _____

Credit Card Number _____ CVC _____ Payment Amount _____

Name on Credit Card _____ Expiration Date: _____

Please return sign-up with separate liability release by Friday, December 13th to:

Beth von Beren

PO Box 2021

Newbury, NH 03255

Or by email, subject "HS Race Camp"
to bmvonberen@vailresorts.com

MOUNT SUNAPEE ALPINE PROGRAM 2019-2020

Medical Waiver Release for Care

Please print clearly
One form per Child

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Work: _____ Parent's Work: _____

Weekend Phone: _____ Emergency Phone: _____
(# that is reachable while child is actively on the mountain)

Parent's Cell Phone: _____ Parent's Cell Phone: _____

2nd Emergency Contact Name _____ Phone _____

Parent's E-mail: _____ Child's E-mail: _____
(For program communicators in the U14 and older programs)

Gender: M / F Date of Birth: _____ Age: _____

School: _____ Grade: _____

Heads of Household: Mother/Father _____

Mother/Father _____
(First and last names of both parents or guardian where athlete resides)

MEDICAL DISCLOSURE

Personal Physician's Name: _____ Phone: _____

Date of last physical: _____

Medical Problems/History/Allergies: _____

Current Medications: _____

Medical Insurance Company: _____ Policy # _____

Insurance Co Phone Number: _____

MEDICATIONS WILL NOT BE HELD OR ADMINISTERED BY COACHES

EMERGENCY MEDICAL RELEASE

To the staff of the Mount Sunapee Resort Alpine Programs:

In the event of an emergency requiring medical treatment, surgery, or the administration of other medical services, I/we give permission if unable to contact us for a doctor to perform diagnostic procedure, anesthetic, operation, or curative remedial procedure they deem necessary or advisable for the care of our son/daughter.

Parent/Guardian Signature

Date

**COMPETITION, RACING AND TRAINING
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS & INDEMNITY AGREEMENT**

**WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!
THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS
INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION**

1. The person who is taking part in ski, snowboard, or other winter sport racing, competition, or training activities as an athlete, coach, staff member, spectator or other participant is referred to as "Participant." I am the Participant or, if the Participant is a minor/infant, I am the Participant's parent or legal guardian. I understand that skiing, snowboarding, winter sports recreation, race training, competition, ski or snowboard testing, other equipment testing, wax testing, using freestyle terrain or terrain park features, performing any other training or competition related activities, and/or using any of the facilities of the ski area, including but not limited to use of the lifts, ski slopes, trails, and other equipment, for any purpose (the "Activity"), can be **HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH.**

2. I understand the dangers and risks of the Activity and that the Participant, as a "skier" and/or "competitor" (as may be defined by statute or other applicable law), **ASSUMES ALL INHERENT DANGERS AND RISKS.**

3. I expressly acknowledge and assume additional risks and dangers that may result in property damage, physical injury and/or death that may be above and beyond the inherent dangers and risks of the Activity, including but not limited to: Falling or loss of balance; icy, slick or uneven surfaces; avalanches, cornices and crevasses; collisions with natural or man-made objects or other people; bumps, tree wells, downed timber, rocks, drainage channels, holes, debris, and other rugged mountainous terrain; marked and unmarked obstacles; unmaintained or unmarked trails/roads or trail obstructions; the negligence of Participant, Ski Area employees, event officials or organizers, a guide/instructor, or others (including selection of terrain that exceeds Participant's ability); guests' failure to comply with signage; collisions with snowmobiles and/or other motor or over-snow vehicles; equipment malfunction, failure or damage; improper use or maintenance of equipment; misloading, entanglements, or falls from ski lifts; varying visibility, storms, lightning, hail, snow and other adverse weather; becoming lost or separated; lack of shelter; limited access to and/or delay of medical attention; Participant's health condition, physical exertion, exhaustion, dehydration, hypothermia, altitude sickness, or frostbite; and/or mental distress from exposure to any of the above. **I UNDERSTAND THAT THE DESCRIPTION OF THE RISKS IN THIS AGREEMENT IS NOT COMPLETE AND VOLUNTARILY CHOOSE FOR PARTICIPANT TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE ACTIVITY, WHETHER OR NOT DESCRIBED HERE, KNOWN OR UNKNOWN, INHERENT OR OTHERWISE.**

4. Participant assumes the responsibility of maintaining control at all times while engaging in the Activity and for reading, understanding and complying with all signage, including instructions on the use of lifts. Participant must have the physical dexterity and knowledge to safely load, ride and unload the lifts. I understand that a minor/infant Participant may use the ski lifts without an adult present or may ride the ski lifts with non-employee guests. I understand that snowmobiles, snowmaking equipment, and snow-grooming equipment may be encountered at any time, and that falls, collisions and injuries are common.

5. I agree that the Participant is a "competitor" at all times, whether practicing for competition or in competition, that Participant shall inspect the training and competition courses prior to participating in the Activity, and that Participant assumes the risk of all course conditions, including but not limited to course construction, layout and obstacles.

6. Additionally, in consideration for allowing the Participant to participate in the Activity, **I AGREE, to the greatest extent permitted by law, TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE** Vail Resorts, Inc., The Vail Corporation, Trimont Land Company, Heavenly Valley, Limited Partnership, VR US Holdings, Inc., VR US Holdings II, LLC, VR CPC Holdings, Inc., VR NE Holdings, LLC, VR NW Holdings, Inc., Whistler Blackcomb Holdings Inc., Blackcomb Skiing Enterprises Limited Partnership, Whistler Mountain Resort Limited Partnership, each of their affiliated companies and subsidiaries, the resort owner/operator, land owner, activity operator, the equipment manufacturer, Activity organizer, Activity promoter, United States Ski & Snowboard Association, Snow Park Technologies, LLC, The Burton Corporation, Beaver Creek Resort Company, Dundee Resort Development, LLC d/b/a Arapahoe Basin Ski Area, TSG Ski & Golf, LLC, the United States, Her Majesty The Queen In Right Of The Province Of British Columbia and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") **FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE OR EXPENSE, WHICH I OR PARTICIPANT MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO, THOSE CLAIMS BASED ON ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE OR BREACH OF ANY CONTRACT AND/OR EXPRESS OR IMPLIED WARRANTY OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING IN BRITISH COLUMBIA ANY DUTY OF CARE UNDER THE *OCCUPIERS LIABILITY ACT*. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGAINST THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY.**

In further consideration for allowing Participant to participate in the Activity, **I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH I AM NOT AWARE, THOSE NOT MENTIONED IN THIS RELEASE AND THOSE RESULTING FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.**

7. I ALSO AGREE TO PAY ALL COSTS, INCLUDING ATTORNEYS' FEES, INCURRED BY ANY RELEASED PARTY IN DEFENDING AN INVESTIGATION, CLAIM OR LAWSUIT BROUGHT BY OR ON PARTICIPANT'S BEHALF WHETHER ARISING IN WHOLE OR IN PART FROM PARTICIPANT'S PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

8. I grant the Released Parties the right of publicity to own and use any image collected of Participant while participating in the Activity.

9. I represent that Participant is in good health and that there are no special problems associated with Participant's physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agree to be fully responsible for any costs associated with such care or transport to such care.

10. I agree that any and all claims for loss, injury and/or death arising from Participant's participation in the Activity shall be governed by the law of the State or Province where the alleged incident occurred and that exclusive jurisdiction of any such claim shall be in a court of competent jurisdiction in the in the State or Province where the alleged incident occurred, except that all cases arising out of an alleged incident at Heavenly Mountain shall be governed by California law and the exclusive jurisdiction of any such claim will be a California court of competent jurisdiction.

11. **BY SIGNING ON BEHALF OF A MINOR/INFANT OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR/INFANT PARTICIPANT** and acknowledge that Participant is bound by all the terms of this Agreement. I understand that the minor/infant Participant would not be permitted to take part in any of the Activities unless I agree to the terms of this Agreement. By signing this Agreement without a parent or legal guardian's signature, I represent, under penalty of fraud that I am at least 18 years old (US) or 19 years old (Canada). I understand that a minor/infant Participant may use the ski lifts without an adult present or may ride the ski lifts with non-employee guests.

12. I understand that this Agreement will apply for each and every day participant engages in any Activity during the applicable operating season. I understand that this Agreement is a contract and, to the fullest extent permitted by law, shall be binding on me and my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. It is my intent that this Agreement shall be binding upon my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

13. **FOR WILMOT MOUNTAIN ONLY:** I understand that, for a fee per person per day in addition to the normal price, Wilmot Mountain offers an optional Agreement that does not require me to sign a Release of Liability. In signing this Release of Liability, I acknowledge I am aware of this option, do not wish to pay this fee, accept the full scope of this Release of Liability and hereby waive my right to purchase the same.

MINOR/INFANT PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below

_____	_____	_____
MINOR / INFANT #1 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	Gender *
_____	_____	_____
MINOR / INFANT #2 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	Gender *
_____	_____	_____
MINOR / INFANT #3 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	Gender *
_____	_____	_____
MINOR / INFANT #4 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	Gender *

ADULT PARTICIPANT / PARENT / LEGAL GUARDIAN INFO. – Required to Complete, Sign & Date Below

_____	_____	_____
ADULT / PARENT / GUARDIAN – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	Gender *
_____	_____	_____
ADDRESS – Street Address/Mailing Address, City, State/Province, Zip/Postal Code (please print)	PHONE NUMBER	
_____	_____	_____
EMERGENCY CONTACT (print full name)	RELATION	PHONE NUMBER

X _____
SIGNATURE DATE

* Used only for Activity Division, Category, or Class Designation

For Resort Use Only
Tracking # _____